



WCC®  
Recertification  
Handbook

November 2019

The National Alliance of Wound Care and Ostomy® (NAWCO®) is a non-profit organization that is dedicated to the advancement and promotion of excellence in wound care through the certification of wound care practitioners in the United States. The NAWCO® is the governing and accrediting body of the WCC® credential.

The NAWCO® offers the Wound Care Certification WCC® Examination to measure academic and technical competence of eligible candidates in the area of Skin and Wound Care Management. Initial certification as a WCC® is awarded for a five (5) year period upon receiving a passing score on the examination. Upon expiration of the credentialing term, the WCC® required to recertify with the NAWCO® to maintain their credentials.

This handbook contains information regarding the Wound Care Certified, WCC® Recertification process of the National Alliance of Wound Care and Ostomy®.

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To avoid problems in processing your application, it is important that you follow the guidelines outlined in this handbook and comply with our required deadlines. If you have any questions about the policies, procedures, or processing of your application after reading this handbook, please contact the National Alliance of Wound Care and Ostomy®. Additional copies of the handbook may be obtained from our website: [www.nawccb.org](http://www.nawccb.org). For assistance, please contact us at 1-877-922-6292 or by email at [recertification@nawccb.org](mailto:recertification@nawccb.org)

## **Checklist**

- Read the Handbook cover to cover.
- Complete, sign and submit recertification application online
- Include payment including recertification fee and application processing fee (\$380.00)
- Include additional forms (If applicable):
  - Continuing Education Verification Form - Appendix A
  - Request for Special Examination Accommodations
  - Documentation of Disability-Related Needs
- Contact information  
National Alliance of Wound Care and Ostomy®  
PO BOX 235  
Somonauk, IL 60552 or fax to: 1-800-352-8339 or email: [admin@nawccb.org](mailto:admin@nawccb.org)

## Table of Contents

<b>Objectives of Recertification</b> .....	<b>4</b>
<b>Definition of Continuing Competence</b> .....	<b>4</b>
<b>Rationale for Recertification Period</b> .....	<b>4</b>
<b>Administration</b> .....	<b>4</b>
<b>Credentials</b> .....	<b>4</b>
<b>Scope of Practice</b> .....	<b>4</b>
<b>Advanced Practice Registered Nurse (APRN)</b> .....	<b>5</b>
<b>Registered Nurse (RN)</b> .....	<b>5</b>
<b>Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)</b> .....	<b>6</b>
<b>Physical Therapist (PT)/Occupational Therapist (OT)</b> .....	<b>6</b>
<b>Physical Therapy Assistant (PTA)</b> .....	<b>6</b>
<b>Occupational Therapy Assistant/Licensed (OTA)</b> .....	<b>7</b>
<b>Physician</b> .....	<b>7</b>
<b>Physician Assistant (PA)</b> .....	<b>8</b>
<b>Doctor of Podiatric Medicine (DPM)</b> .....	<b>8</b>
<b>Recertification Deadlines</b> .....	<b>9</b>
<b>Recertification Fee</b> .....	<b>9</b>
<b>Recertification Notifications</b> .....	<b>9</b>
<b>Recertification Requirements</b> .....	<b>9</b>
<b>Recertification Options</b> .....	<b>9</b>
<b>Option 1 - Recertification by Examination</b> .....	<b>9</b>
Rationale: .....	<b>10</b>
Requirements: .....	<b>10</b>
<b>Option 2 - Recertification by Training</b> .....	<b>10</b>
Rationale: .....	<b>10</b>
Requirements: .....	<b>10</b>
<b>Option 3 - Recertification by Continuing Education</b> .....	<b>11</b>
Rationale: .....	<b>11</b>
Requirements: .....	<b>11</b>
<b>Option 4 - Recertification by Mentoring</b> .....	<b>11</b>
Rationale: .....	<b>11</b>
Requirements: .....	<b>11</b>
<b>Application Process</b> .....	<b>12</b>
<b>Recertification Application Instructions</b> .....	<b>12</b>
<b>Audit and Verification Process</b> .....	<b>12</b>
<b>Recertification Acceptance</b> .....	<b>12</b>
<b>Failure to Recertify</b> .....	<b>13</b>
<b>Reinstatement of Lapsed Credentials</b> .....	<b>13</b>
<b>Final Ruling on Lapsed Credentials</b> .....	<b>14</b>
<b>Recertification Agreement Policy/Statement of Understanding</b> .....	<b>14</b>
<b>WCC® Recertification At A Glance</b> .....	<b>18</b>
<b>NAWCO® Recertification Application</b> .....	<b>19</b>

**Request for Special Examination Accommodations .....21**  
**Documentation of Disability-Related Needs .....22**  
**Continuing Education Verification Record .....23**

## **Objectives of Recertification**

The Certification Committee supports the ongoing professional development of its certificants in all of its certification programs. The mandatory renewal process provides certificants with the opportunity to demonstrate continued competence through the retention, reinforcement, and expansion of their knowledge and skills. Each NAWCO credential requires recertification every five (5) years to maintain use of the credential.

Specific to the WCC credential, the purpose of the WCC recertification program is to promote the continued competence and professional growth of the WCC certificant. The Certification Committee mandates recertification every five years to ensure that the WCC-certified clinician is exposed to clinical advancements and standards of care within the area of skin and wound management. The recertification requirements emphasize active participation in continuing education and practice activities to strengthen competency, knowledge, ability, and skill in the area of skin and wound management.

## **Definition of Continuing Competence**

The NAWCO Certification Committee defines continuing competence similarly to the definition provided by the National Commission for Certifying Agencies (NCCA), the accrediting body of the Institute for Credentialing Excellence (ICE). Continuing competence is demonstrating specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career. Certification establishes a baseline of competence at the time of initial certification, however it is not enough to promote continuing competence over time. Recertification of the certificant helps to ensure the certified individual is actively involved in activities that enhance the required knowledge, skills, and abilities to perform competently in the job role. Continuing competence is based on lifelong learning throughout the individual's career.

## **Rationale for Recertification Period**

The Certification Committee considered a number of factors when evaluating the five-year timeframe for the certification period including the rate of change in the industry and the timeframe with which new products are introduced to the industry. Additionally, the

committee noted that the baseline protocols for infection control, one of the most important elements of wound and skin care management, have remained consistent. Research supports that current protocols for infection control are still effective and in use. By consensus, the Certification Committee agreed that five years is an appropriate timeframe for the shelf life of the knowledge and skill required to perform the job role.

## **Administration**

The WCC® recertification process is governed and administered by the National Alliance of Wound Care and Ostomy® and its Certification Committee.

## **Credentials**

Upon successful completion of the recertification process, candidates may use the initials WCC® Wound Care Certified, to designate their status. Credentials are awarded for a five (5) year period.

Upon expiration of the credentialing term, a WCC® is required to recertify with the NAWCO® to maintain their credentials. WCC® has been registered with the United States Patent and Trademark Office as the official certification mark of the National Alliance of Wound Care and Ostomy®

The NAWCO® will award an official numbered certificate to all candidates upon approval and completion of the NAWCO® recertification program denoting status as WCC® Wound Care Certified. Certificates of Certification remain the sole property of the NAWCO® and must be destroyed in the event of revocation of the credential.

## **Scope of Practice**

The National Alliance of Wound Care and Ostomy® provides certification to various disciplines in healthcare. The scope of practice for the Wound Care Certified (WCC®) health care professional is performed in accordance with legislation code and scope of practice as determined by each respective professional state regulatory board along with prospective employer mandated guidelines. The WCC certification is based on US practice; however international candidates who meet the eligibility requirements may apply and earn certification

The scope of practice established by the National Alliance of Wound Care and Ostomy® provides each certified health care provider with an

understanding of their role and responsibilities as a member of the interdisciplinary wound care team. The WCC® provides direct hands-on and/or consultative skin and wound management in all health care settings. As with any specialty, certification does not supersede state practice acts nor does it permit a clinician to practice beyond their individual knowledge or expertise. The role of each licensed discipline is provided below.

### **Advanced Practice Registered Nurse (APRN)**

Role: The APRN works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the physician comprehensively assesses and establishes wound diagnosis, prognosis, and wound care treatment.
- c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.
- d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.
- e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/ caregivers, and facility/agency staff.
- f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant

approaches to improve wound prevention and wound care practices.

- g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

### **Registered Nurse (RN)**

Role: The RN plays a key role in oversight of the patient at-risk of or with wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. Develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/ caregivers, and facility/agency staff.
- c. In conjunction with prescribing providers orders (physician, APRN, physician assistant), provides consultation and/or hands-on care for wound prevention or management. Performs comprehensive assessments and reassessments to determine the most appropriate and cost-effective use of wound management products and resources. Hands-on care may include conservative sharp debridement/chemical cauterization with a provider order, per facility guidelines and if allowed according to individual state practice act.
- d. Delegates appropriate wound prevention and wound care actions to LPN/LVNs and unlicensed assistive personnel (e.g. health technicians, nursing assistants).
- e. As an interdisciplinary wound care team member, collaborates to establish individualized, comprehensive care plans that promote wound prevention and healing.
- f. Establishes, reevaluates and revises facility policies, procedures, and guidelines governing wound care, based on needs, evidenced-based trends, and industry changes.
- g. Observes patient's response and wound status, reporting any changes to the provider or supervising clinician, according to facility or agency guidelines.
- h. Provides and reinforces education to patients, family members/caregivers, and facility/ agency staff regarding preventative measures,

interventions, and individualized patient treatment plans.

- i. As a patient advocate, promotes facility/ agency-based quality improvement that addresses wound prevention and the specialized complex needs of the wound care patient.

### **Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)**

Role: Under the supervision, delegation, and guidance of the registered nurse or prescribing provider (e.g. physician, APRN, or physician's assistant), the LPN/LVN provides the prescribed care to the patient at-risk of or with wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As an interdisciplinary wound care team member, provides input for care plan consideration that promotes wound prevention and healing.
- c. Implements preventative care, monitors skin status, and performs wound treatments per orders in the individualized patient's treatment plan.
- d. Provides and reinforces education to patients, family members/caregivers, and facility/ agency staff that is consistent with the established care plan for preventative measures, interventions, and individualized patient treatments.
- e. Observes patient's response and wound status, reporting any changes to the registered nurse or supervising clinician, according to facility or agency guidelines.
- f. Contributes to the facility or agency quality improvement program, as assigned.

### **Physical Therapist (PT)/Occupational Therapist (OT)**

Role: The PT and OT plays a key role in oversight of the patient at-risk of or with wound care needs while working under the guidance of a prescribing provider (e.g. physician, APR, Physician Assistant). Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.
- c. In conjunction with prescribing providers orders (physician, APRN, physician assistant), provides consultation and/or hands-on care for wound prevention or management.
- d. Delegates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, to PT assistants and OT assistants.
- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for therapy clinicians.
- f. Assesses and makes recommendations for support surface selection.
- g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/ agency staff.
- h. Observes patient's response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- i. Contributes to the facility or agency quality improvement program, as assigned.

### **Physical Therapy Assistant (PTA)**

Role: The PTA plays a key role in oversight of the patient at-risk of or with wound care needs while working under the supervision of a Physical Therapist (PT). Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive

care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.

- c. In conjunction with prescribing provider's orders (physician, APRN, physician assistant), and supervision of the PT, provides consultation and/or hands-on care for wound prevention or management.
- d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the PT.
- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for PTAs.
- f. Assesses and makes recommendations for support surface selection.
- g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.
- h. Observes patient's response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- i. Contributes to the facility or agency quality improvement program, as assigned.

### **Occupational Therapy Assistant/ Licensed (OTA)**

Role: The OTA plays a key role in oversight of the patient at-risk of or with wound care needs while working under the supervision of an Occupational Therapist (OT). Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.

- c. In conjunction with prescribing provider's orders (physician, APRN, physician assistant), and supervision of the OT, provides consultation and/or hands-on care for wound prevention or management.
- d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the OT.
- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for OTAs.
- f. Assesses and makes recommendations for support surface selection.
- g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.
- h. Observes patient's response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- i. Contributes to the facility or agency quality improvement program, as assigned.

### **Physician/D.O.**

Role: The physician/D.O. works independently or in collaboration with an APRN/PA to lead the interdisciplinary wound care team to plan and provide care for the patient at-risk of or with wound care needs. Responsibilities include but not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to provide patient care.
- b. Independently or in collaboration with the APRN or PA, the physician establishes wound diagnosis, prognosis, and wound care treatment.
- c. Orders appropriate referrals and tests, when indicated.
- d. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish



a comprehensive approach to wound management that includes all disciplines and promotes optimal outcomes.

- e. Collaborates with the APRN, PA, RN and other wound care team members to develop a wound prevention plan.
- f. Provides bedside treatments to include conservative sharp debridement when needed.
- g. Works with the interdisciplinary team to educate patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.
- h. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.
- i. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

### **Physician Assistant (PA)**

Role: The PA works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the physician comprehensively assesses and establishes wound diagnosis, prognosis, and wound care treatment.
- c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.
- d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.

- e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
- f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.
- g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

### **Doctor of Podiatric Medicine (DPM)**

Role: The DPM works independently or in collaboration with other team members (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the team members comprehensively assesses and establishes lower extremity wound diagnosis, prognosis, and wound care treatment.
- c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.
- d. Provides bedside treatments to include conservative sharp debridement, when indicated.
- e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

- f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.
- g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

## **Recertification Deadlines**

All WCC® credentials expire five (5) years to the date after initial certification. Expiration dates are located on your WCC® certificate and wallet card.

Applications for recertification will be accepted no earlier than 6 months prior to expiration of WCC® credential.

<b>Certification Month and Day Expires:</b>	<b>Earliest Application Submission <i>6 months prior to expiration</i></b>
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

## **Recertification Fee**

\$30.00 Application Processing fee (Non-refundable)

\$350.00 Recertification fee

## **Recertification Notifications**

NAWCO notifies certificants of recertification date at numerous intervals.

- 15 Months - Post Card mailed explaining pathways for recertification
- 12 Months - Email Reminder with date of certification expiration
- 6 Months - Email Reminder with date of certification expiration
- 3 Months - Email Reminder with date of certification expiration
- 30 Days - Email Reminder with date of certification expiration
- Within 30 days of Credential Expiring - Email with final opportunity to maintain credential
- Grace period month with extension offered.

## **Recertification Requirements**

Applicants for recertification of the WCC® credential must meet all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Physician, D.O. or Physician Assistant.
2. Current WCC® credential. (Not lapsed)
3. All candidates applying for recertification must agree to abide by the NAWCO Code of Ethics.
4. Payment of required fees.
5. Submission of recertification application for one of the following recertification options:
  - a. Examination
  - b. Training
  - c. Continuing Education (60 contact hours)
  - d. Mentoring (Precept WCC Candidate)

## **Recertification Options**

Each WCC® must choose one of the following recertification options:

### **Option 1 - Recertification by Examination**

This option allows you to apply for recertification by retaking the NAWCO® WCC® certification examination. The NAWCO® WCC® certification exam is available in a computerized format with a total testing time of two (2) hours at various computer testing sites. A passing score is required to qualify for recertification. See official NAWCO®

WCC® Candidate Handbook at [www.nawccb.org](http://www.nawccb.org) for more details.

### **Rationale:**

Taking and passing the WCC examination provides documentation that the certified individual has adequate knowledge and understanding of the science of skin and wound care, gained through continued education and experience.

### **Requirements:**

**By choosing the option of recertification by examination, the WCC® forfeits the opportunity to choose any other option for recertification.**

Example: A WCC® who fails the exam to recertify cannot change and recertify by submitting continuing education credits or by attending the training program.

You may apply and take the examination for recertification up to six (6) months prior to expiration of your credential. Upon receipt of your recertification application for examination, a confirmation letter will be sent to you with instructions for scheduling your examination. Please see the official NAWCO® WCC® Candidate Handbook for exam policies, procedures and study references.

Candidates who take the examination for recertification and are unsuccessful may retake the examination three (3) additional times for a total of four (4) attempts within the last (6) months prior to the credential expiration date. If you are unsuccessful after four (4) attempts, you are required to wait one (1) year before reapplying. If, however, you do not complete four (4) exam attempts, you do not have to wait one (1) year to reapply.

Candidates who do not pass the examination on their first attempt will be eligible to retest immediately after the date of their first failed attempt. NAWCO® does not require a waiting period between the first and second attempts. However, between the second and third, and the third and fourth attempts, candidates will be required to wait for 30 days before they will be scheduled to retest. This will provide the candidate with time to focus on areas of weakness identified on the score report strengthening their knowledge base.

All applications must be submitted and the exam must be passed prior to expiration of WCC® certification. Application and \$380 fees are required for each examination. Candidates who do

not successfully pass the examination before the expiration date of their credentials will be considered “lapsed”. Please refer to “Reinstatement of Lapsed Credentials” section for further information.

### **Option 2 - Recertification by Training**

This recertification option allows candidates to attend a skin and wound management course (on-site or online course only, no exam required - additional fees apply)

### **Rationale:**

The NAWCO Certification Committee defines “training” as consecutive education taken over the course of multiple days. The training may be virtual or in-person but is facilitated by an instructor OR includes interaction between the individual and the content (i.e. assessments, interactive content, etc.). The training course must be approved by NAWCO to ensure the content is relevant to the WCC job role and necessary competencies.

This type of training provides relevant education in skin and wound care management and helps to enhance the certificant’s knowledge and skill.

### **Requirements:**

1. When choosing to recertify by training, the course should be completed no earlier than 6 months prior to expiration of your WCC® credential, and must be completed prior to the certification renewal date.
  - a. Certificant is responsible for choosing a training course of at least 20 hours that meets the NAWCO® Certification Committee criteria.
  - b. **Additional fees apply when choosing to recertify by training. Course fees are additional and will be paid to the educational provider. Recertification fees will be paid to NAWCO®.**
  - c. Upon successful completion, the training course provider will issue a course completion certificate. A copy of the certificate will be required by NAWCO® to complete the recertification process.
  - d. Once NAWCO® has received the application, recertification fees, and a copy of the certificate of completion, the certificant will receive email

notification of successful recertification. The email will provide information on how to download new materials on the Certificants's Login section of the NAWCO® website.

### **Option 3 - Recertification by Continuing Education**

This option allows for, and promotes, ongoing training and knowledge advancement over the certification period.

#### **Rationale:**

Continuing education in wound and skin care management is a valuable way to stay up to date with changes in the industry and enhance the individual's knowledge and skill in the job role. WCCs choosing this pathway are required to earn 60 hours of continuing education (CE) credits during the five-year cycle which equates to 12 hours per year. The 60 CE hours must be directly related to wound or skin care management. CE gives the individual flexibility in educational options.

The Certification Committee recognizes that there are limitations of continuing education, notably the individual may self-select topics with a focus on convenience rather than content. However, requiring accredited continuing education helps to ensure the certificant participates in quality and relevant content.

#### **Requirements:**

To recertify by continuing education, sixty (60) contact hours (same as clock hours) of continuing education related to wound or skin care management must be earned within the five (5) year certification period. All contact hours must be obtained during the five year period to ensure adequate and current continuing education. A contact hour is defined as a unit of measurement that describes one (1) hour of an approved organized learning experience.

To receive credit for the contact hours, the educational program must be approved/ accredited by either the state board governing your primary license (or any state board governing the professional license type under which you practice), the American Nurses Credentialing Center (ANCC®), American Physical Therapy Association, (APTA®), Accreditation Council for Continuing Medical Education (ACCME®), or Council on Podiatric Medical Education (CPME®).

NAWCO® does not require the submission of copies of continuing education certificates with the recertification application, however, each WCC® is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (10 years). In the event you are selected by the NAWCO® for an audit, you will be required to submit copies of certificates and CE program documentation at that time.

Complete the Continuing Education Verification Form located online at <https://www.nawccb.org/wp-content/uploads/2018/06/CE-HOURS-DOC-6.25-1-1.pdf>

### **Option 4 - Recertification by Mentoring**

This type of training provides relevant education in skin and wound care management and helps to enhance the certificant's knowledge and skill providing hands on clinical training

#### **Rationale:**

Mentoring other clinicians in wound and skin care provides the opportunity for experienced, knowledgeable clinicians to provide oversight and training to clinicians less knowledgeable, with minimal experience.

The certification committee recognizes that this option for recertification provides an option for clinicians to use their knowledge in a way that enhances and builds not only the certification but new certificants as well.

#### **Requirements:**

To recertify by mentoring, you must have successfully mentored/precepted one WCC® candidate within the five year certification period. This pathway can only be used by WCC®'s that have been approved by NAWCO® as preceptors.

To receive credit for mentoring:

1. You must identify the student that was precepted
2. The student has to have been approved for the preceptor pathway
3. The student must have completed the 120 hours of clinical practice prior to **your** recertification date.
4. All required paperwork must be in compliance (see Preceptor Pathway Manual for additional details).

## **Application Process**

Applications will NOT be processed until all fees have been paid. The processing of your WCC® recertification application will vary depending on pathway chosen, but will not exceed two (2) weeks. If your application is approved, you will receive an email with certification maintenance information and a new certificate. Recertification of your WCC® credential will be granted for five (5) years. If your application is denied, you will be notified in writing. Application fees are deposited upon receipt. **If you withdraw your application after submission, there are no refunds. If your application is denied, you will be issued a refund less a \$30 application-processing fee.**

It is not necessary to send any supporting CE certificates with your application. Each WCC® is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two (2) renewal periods (10 years). In the event you are selected by the NAWCO® for an audit, you will be required to submit copies of certificates, etc. at that time. If questions arise during the review of your application, you will be contacted via telephone or certified mail. You will have 15 days from the day you receive the letter to respond.

Deadlines and time frames are strictly enforced and the postmark is very important if you are mailing your application. Whether your application meets the deadline is determined by the postmark. This means that if you mail your application close to the application deadline, you might not learn whether your certification has been renewed until after the expiration date. Deadlines and time frames will apply whether the application is mailed, emailed, or faxed.

If at any time you have questions regarding the recertification process, please call NAWCO at 1-877-922-6292.

## **Recertification Application**

### **Instructions**

1. Complete WCC® Recertification Application.
2. Complete additional paperwork as required
3. Submit along with \$380 fee to:
  - a. National Alliance of Wound Care and Ostomy®  
PO BOX 235  
Somonauk, IL 60552

- b. Fax: 1-800-352-8339
- c. Email: Recertification@nawccb.org

## **Audit and Verification Process**

In order to maintain the credibility and integrity of the certification process, the Certification Committee verifies the information provided on renewal applications to ensure renewal requirements are met. Requests for verification may be made prior to recertification or at a future time. Incomplete applications may result in delays or loss of certification.

All renewal applications are reviewed for accuracy and completion. Recertification applications are considered incomplete if any of the required information is missing and/or illegible, or the appropriate fee is not included. Recertification applications must be complete before they are processed and approved.

Professional licenses are checked for good standing and expiration dates. Random audits are conducted through the internal quality program to confirm information provided. This information is updated in each candidate's file.

The National Alliance of Wound Care and Ostomy® conducts random audits to determine compliance with the recertification requirements. A process for auditing CE forms has been established by the Certification Manager. Approximately 15% of all recertification applications are chosen for audit. The Admissions Specialist reviews all CE submitted forms for compliance and chooses the applications to be audited. Selection of the file to be audited is random, and can be chosen from any recertification application submitted either online, by mail, email, or fax. Applications from each submission method will be considered when selecting an application to audit.

Any WCC® selected for audit will be notified by email within two (2) weeks of application receipt. If audited, the documentation required for audit must be submitted to the National Alliance of Wound Care and Ostomy® within 30 days of notice.

A WCC® may not renew his/her credential until audit documentation is received and approved by the National Alliance of Wound Care and Ostomy®. Non-compliance will result in recertification by examination only.

## **Recertification Acceptance**

The Committee will issue a renewal letter, wallet card, and certificate to the certificant

once all renewal requirements have been met. These documents will be accessed via the Certificant's Login Section on the NAWCO website and will include the expiration date 5 years from the renewal date. Certificate and wallet cards will be updated with each approved recertification. Access to the secured site is only available to candidates who have successfully met the recertification requirements. Non-credentialed clinicians or clinicians who have allowed their credential to lapse will not have access to the site. The site is structured so that only those who have a valid credential can access their information.

Certification information is updated daily and can be confirmed by the Locate a Clinician feature available on the website.

Renewal applications will not be accepted from individuals whose certification is in a state of suspension or has been revoked.

## **Failure to Recertify**

Credentials are awarded for a five (5) year period. All WCC® credentials expire five (5) years to the date after initial certification. Upon expiration of the credentialing term, a WCC® is required to recertify with the NAWCO® to maintain their credentials. Upon successful completion of the recertification process, candidates may use the initials WCC® Wound Care Certified, to designate their status. Expiration dates are located on the WCC® certificate.

If the recertification requirements are not met, certification will expire. Any individual wishing to reinstate certification status after the expiration date and 90-day grace period allowance must follow the Lapsed Credentials procedure outlined below.

Applications for recertification will be accepted no earlier than 6 months prior to expiration of WCC® credential and no later than postmark of expiration date

## **Reinstatement of Lapsed Credentials**

Reinstatement of a lapsed credential is not the same process as recertification. Requirements for

reinstatement of lapsed WCC® credentials include all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, D.O., Physician Assistant, or Physician.
2. Previous WCC® certification.
3. Active involvement in the care of wound care patients, or in management, education or research directly related to wound care for at least two (2) years full-time or four (4) years part-time within the past five (5) years.
4. Completion of application.
5. Payment of required fee. \$380.00 for reinstatement of certification and \$300.00 for late fee. (Total \$680.00)
6. Choice of one of the following pathways:
  - a. Successful graduate of skin & wound management training course.
  - b. Receive passing score on examination within two (2) years or four (4) attempts (whichever comes first) of credentials lapse\*.
    - b. Complete the continuing education verification form. (A minimum of 60 contact hours per requirements must be documented). This form can be found at <https://www.nawccb.org/wp-content/uploads/2018/06/CE-HOURS-DOC-6.25-1-1.pdf> .
      - i. Copies of original “certificates of completion” forms from each continuing education program entered on the Continuing Education Verification Form may be requested.
      - ii. Certificate of completion forms must include your name, date, program title, provider, approved accrediting organization, and the number of contact hours awarded.
7. A WCC® that successfully meets the requirements of the chosen and accepted pathway, within 2 years of the credential



lapsing, will maintain their original certification number.

8. A WCC® that does not successfully meet the requirements within 2 years of the credential lapsing, will receive a new certification number when all eligibility criteria have been met.

## **Final Ruling on Lapsed Credentials**

### **1. Reinstatement attempt WITHIN 2 YEARS through Examination Pathway:**

- a. Unsuccessful: If examination pathway is chosen, after two years or four attempts, you will no longer be able to reinstate your lapsed credential.
- b. You will be required to wait one year and meet all of the eligibility requirements again for certification under one of the existing initial certification options.

### **2. Reinstatement attempt AFTER 2 YEARS:**

- a. A credential that has lapsed beyond 2 years will not be reinstated.
  - b. If you fail to apply to reinstate your credential within two years of the credential expiration, you can apply immediately and must meet all eligibility requirements again for certification under one of the existing certification options.
  - c. A new certification number will be issued to successful candidates.
3. If you can demonstrate that you were falsely imprisoned, held hostage or otherwise held against your will, on active duty out of the US in the military, or in a coma, and as a result, unable to complete your recertification prior to credential lapse, then you may reinstate your credential via any of the recertification options available.

## **Recertification Agreement Policy/Statement of Understanding**

The National Alliance of Wound Care and Ostomy® (NAWCO®) is dedicated to the advancement and promotion of excellence in the delivery of skin and wound care management to the consumer.

1. NAWCO® has established a formally documented program under which any current

WCC® can recertify to demonstrate competence relating to their proficiency in skin and wound management. This program includes the WCC® professional Wound Care Certified certification credentials. Successful participants in this program may continue to use the WCC® certification credential.

### **2. Definitions:**

- a. “WCC® means any professional currently certified by the National Alliance of Wound Care and Ostomy® in consideration for being allowed to recertify by the NAWCO® agreed to the terms of this NAWCO® Recertification Program Candidate Agreement (“Agreement”).
- b. “Marks” means the service mark and logo pertaining to the certification credential.

3. Recertification: Applicant’s recertification credential is based on Applicant’s successful completion of one of the four (4) required recertification options and Applicant’s compliance with this Agreement and the requirements described in the corresponding NAWCO® trademark guidelines, the terms of which are incorporated herein by reference, and which may be changed from time to time by NAWCO® in its sole discretion. Applicant acknowledges that NAWCO® has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification in NAWCO®’s sole discretion. Once recertification is granted, applicant may maintain Applicant’s certification by completing, within the time frame specified by NAWCO® all continuing certification requirements, if any, that correspond with Applicant’s WCC® credential. NAWCO® is responsible for keeping Applicant informed of NAWCO®’s continuing certification requirements and for maintaining Applicant’s certification. If Applicant does not complete the continuing recertification requirements within the time frame specified by NAWCO® Applicant’s certification for that credential will be revoked without further notice, and all rights pertaining to that certification (including the right to use the applicable Marks) will terminate. Applicant retains Applicant’s certification status if Applicant leaves Applicant’s current employment and/or begins working with a new organization. However, Applicant may not transfer Applicant’s certification status to another

person. Applicant agrees to make claims regarding certification only with respect to the scope for which the certification has been granted. Applicant agrees to discontinue use of the WCC® credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification.

**Applicant further swears to notify the NAWCO® in writing within 10 business days if they learn they are no longer eligible to hold the WCC® credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. In the event of revocation of the credential, the applicant agrees to destroy all copies of the Certificate of Certification.**

4. Notwithstanding anything in this agreement to the contrary, NAWCO® has the right not to grant, continue, or renew applicant's certification if NAWCO® reasonably determines that applicant's certification or use of the corresponding marks will adversely affect the NAWCO®. This agreement applies to WCC® certification obtained by applicant.

5. **Grant and Consideration:** Subject to the terms and conditions of this Agreement, NAWCO® grants to Applicant a non-exclusive, personal and non-transferable license to use the Marks solely in connection with providing services corresponding to the certification credential Applicant has achieved. Applicant may use the Marks on such promotional, display, and advertising materials as may, in Applicant's reasonable judgment, promote the services corresponding to Applicant's certification credential and which are permitted by the terms of the NAWCO®s trademark guidelines corresponding to the certification credential. Applicant may not use the Marks for any purposes that are not directly related to the provision of the services corresponding to Applicant's particular certification. Applicant may not use the Marks of WCC® unless Applicant has completed the recertification requirements for the WCC® certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of WCC®. NAWCO® reserves the right to revise the terms of this Agreement from time to time. In the event of a revision, Applicant's signing or otherwise consenting to a new agreement may be a condition of continued certification.

6. **Terms and Termination:** This Agreement will commence immediately upon Applicant's acceptance of the terms and conditions of this Agreement prior to approval of recertification application. **Termination by Either Party:** Either party may terminate this Agreement without cause by giving thirty (30) days or more prior written notice to the other party. **Termination by NAWCO®:** Without prejudice to any other rights it may have under this Agreement or in law, equity, or otherwise, NAWCO® may terminate this Agreement upon the occurrence of any one or more of the following events ("Default"):

- a. If Applicant fails to perform any of Applicant's obligations under this Agreement;
- b. If any government agency or court finds that any services as provided by Applicant are defective or improper in any way, manner or form; or
- c. If actual or potential adverse publicity or other information, emanating from a third party or parties, about Applicant, the services provided by Applicant, or the use of the Marks by Applicant causes NAWCO® in its sole judgment, to believe that NAWCO®'s reputation will be adversely affected. In the event of a Default, NAWCO® will give Applicant written notice of termination of this Agreement.
- d. Applicant fails to meet recertification criteria prior to expiration date of their credentials.

In the event of a Default under (ii) or (iii) or above, NAWCO® may immediately terminate this Agreement with no period for correction and without further notice. In the event of a Default under (a) or (d) above, or at NAWCO®'s option under (b) or (c) above, Applicant will be given thirty (30) days from receipt of notice in which to correct any Default. If Applicant fails to correct the Default within the notice period, this Agreement will automatically terminate on the last day of the notice period without further notice.

**Effect of Termination:** Upon termination of this Agreement for any reason, Applicant will immediately cease all display, advertising, and other use of the Marks and



cease all representations of current certification. Upon termination, all rights granted under this Agreement will immediately and automatically revert to NAWCO®.

7. Conduct of Business. Applicant shall:

- a. Exercise its independent business judgment in rendering services to Applicant's customers;
- b. Avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWCO® or its products; and
- c. Refrain from making any representations, warranties, or guarantees to customers on behalf of NAWCO®.
- d. Without limiting the foregoing, Applicant agrees to not misrepresent Applicant's certification status or Applicant's level of skill and knowledge related thereto.

8. Indemnification By Applicant: Applicant agrees to indemnify and hold NAWCO® harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWCO®

- a. by reason of Applicant's performance or non-performance under this Agreement;
- b. arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or
- c. for any personal injury, product liability, or other claim arising from the promotion and/or provision of any products or services by Applicant. In the event NAWCO® seeks indemnification under this Section, NAWCO® will notify Applicant in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement. In no event may Applicant enter into any third party agreements which would in any manner whatsoever affect the rights of, or bind, NAWCO® in any manner, without the prior written consent of NAWCO®. This Section shall survive termination or expiration of this Agreement and all NAWCO® recertification programs for any reason.

9. Disclaimer of Warranties; Limitation of Liabilities: NAWCO® makes, and Applicant receives, no warranties or conditions of any kind, express, implied or statutory, related to or arising in any way out of any recertification, any NAWCO® certification program, or this Agreement. NAWCO® specifically disclaims any implied warranty of merchantability, fitness for a particular purpose and non-infringement of any third party rights. In no event shall NAWCO® be liable for indirect, consequential, or incidental damages (including damages for loss of profits, revenue, data, or use) arising out of this Agreement, any NAWCO® recertification program, or incurred by any party, whether in an action in contract or tort, even if NAWCO® has been advised of the possibility of such damages. NAWCO®s liability for damages relating to any recertification, any NAWCO® certification program, or this Agreement shall in no event exceed the amount of application fees actually paid to NAWCO® by Applicant. Some jurisdictions do not allow limitations of the liability so certain of these limitations may not apply; however, they apply to the greatest extent permitted by law. Applicant acknowledges and agrees that NAWCO® has made no representation, warranty, or guarantee as to the benefits, if any, to be received by Applicant from third parties as a result of receiving certification. This Section shall survive termination or expiration of this Agreement and all NAWCO® recertification programs for any reason.

10. General Provisions: Wisconsin law, excluding choice of law provisions, and the laws of the United States of America govern this Agreement. Failure to require compliance with a part of this Agreement is not a waiver of that part. If a court of competent jurisdiction finds any part of this Agreement unenforceable, that part is excluded, but the rest of this Agreement remains in full force and effect. Any attempt by Applicant to transfer or assign this Agreement or any rights hereunder is void. Applicant acknowledges and agrees that Applicant and NAWCO® are independent contractors and that Applicant will not represent Applicant as an agent or legal representative of NAWCO®. This Agreement and all documents incorporated herein by reference are the parties' complete and exclusive statement relating to their subject matter. This Agreement will not be supplemented or modified by any course of

dealing or usage of trade. Any modifications to this Agreement must be in writing and signed by both parties. Applicant agrees to comply, at Applicant's own expense, with all statutes, regulations, rules, ordinances, and orders of any governmental body, department, or agency which apply to or result from Applicant's rights and obligations under this Agreement.

# WCC® Recertification At A Glance



## WCC® Recertification

Requirements	All Applicants
Current License as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM	✓
Current WCC® credential <i>(Not lapsed)</i>	✓
Applicants must agree to adhere to the NAWCO® Code of Ethics	✓
Full payment of required fees <i>(NAWCO® recertification fee \$380, additional course fee applies to Recertification by Training option)</i>	✓
Submission of recertification application	✓

Additional Requirements (Choose one of the following)	RECERTIFICATION OPTIONS			
	Training	Exam	Continuing Education	Mentoring
Graduation from skin and wound care management course that meets certification committee criteria <i>(Course MUST be completed before your certification expires) (Additional course fee)</i>	✓			
<b>OR</b>				
WCC® certification exam <i>(Computer based exam taken at a PSI testing center)</i>		✓		
<b>OR</b>				
Provide documentation of 60 contact hours of approved continuing education in skin and wound care <i>(Hours earned within the five year certification period)</i>			✓	
<b>OR</b>				
Become an approved NAWCO® Preceptor <i>(Work with a minimum of one WCC® preceptor candidate per NAWCO® guidelines within the five year certification period)</i>				✓

WCC recert 8-19

# NAWCO® Recertification Application

ANY MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING (1/2018)

**1. PRINT NAME:** (As listed on your Professional License) ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RECERTIFICATION

LAST:

FIRST:

MIDDLE:

**2. MAILING ADDRESS:** (Street, City, State & Zip Code)

**3. DAYTIME TELEPHONE #**

**4. E-MAIL:**

**5. ADA:**

YES  NO

**6. SELECT CREDENTIAL FOR RECERTIFICATION:**  WCC  DWC  LLE  OMS  NWCC

**7. CERTIFICATION #:**

**8. PROFESSIONAL TITLE** (LPN, RN, PT, etc) License Type: \_\_\_\_\_ License #(s): \_\_\_\_\_

State: \_\_\_\_\_ ORIGINAL Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**9. RECERTIFICATION OPTION:** (Indicate your choice and complete additional required forms if applicable)

- Option 1: Examination - No Additional Forms
- Option 2: Training - (Onsite/Online Course) Provider: \_\_\_\_\_
- Option 3: Continuing Education (CE Verification Form)
- Option 4: Mentoring (WCC ONLY) - Student: \_\_\_\_\_

**10. COURSE TYPE:** (Required for Option 2: When Choosing Onsite enter location and dates)

- Online
- Onsite Date: \_\_\_\_\_
- Location: \_\_\_\_\_

**11. CURRENT EMPLOYER:**

**12. APPLICATION-CERTIFICATION FEES:** Non-Refundable Processing Fee & Recertification Fee . . . . . \$380.00

### 13. Agreement Authorization and Certification Information Release

By submitting this NAWCO® Recertification Application, I acknowledge that all supporting documentation provided is true and accurate. If the activities listed on the Activity Report or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my NAWCO® credential.

I affirm that I am currently licensed to practice as a \_\_\_\_\_ in the state of \_\_\_\_\_.

I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

I authorize the National Alliance of Wound Care and Ostomy® Certification Board to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy® Certification Board to use information from my application for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I have read and understand all the information provided in the NAWCO® recertification handbook. I further agree to abide by the policies and procedures as set forth in the NAWCO® recertification handbook and all conditions included in the NAWCO® candidate recertification agreement.

For listing in the National Alliance of Wound Care and Ostomy® Directory, I hereby authorize the National Alliance of Wound Care and Ostomy® its licensees, successors, and assigns (collectively "NAWCO®") the right to publish and release my name, past and present certification status under the NAWCO® Certification Directory, and state/province (collectively "Certification Information") in print and electronic versions of a worldwide directory of NAWCO® Certified Practitioners.

If the NAWCO®, is required by law to release your confidential information, you will be notified by email at the address we have on file, unless prohibited by law. I release the NAWCO®, its subsidiaries and affiliates and their employees, successors, and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release.

I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the NAWCO® credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO® in writing within 10 business days if I learn I am no longer eligible to hold the NAWCO® credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. I understand that failure to notify the NAWCO® of any of the above listed disciplinary actions will result in revocation of certification and/or denial of recertification. In the event of revocation of the credential, I agree to destroy any copies of the Certificate of Certification.

By signing this agreement, I hereby swear and attest to all the contents of the Candidate Recertification Agreement Policy/ Statement of Understanding contained within this Candidate Recertification Handbook.

I further agree to abide by the NAWCO® Code of Ethics as set forth and noted in the WCC® Recertification Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**14. PAYMENT: CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card**

I, \_\_\_\_\_, hereby authorize the National Alliance of Wound Care and  
(Name exactly as it appears on card)

Ostomy to charge my credit card account for the amount of \$\_\_\_\_\_ for \_\_\_\_\_.

Visa                       MasterCard                       American Express (NO DISCOVER)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Security Code\* \_\_\_\_\_  
\*3-digit code found on signature strip at the end of a series of numbers

Credit Card Billing Address: (Address where cardholder receives bill)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Holder Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Special Examination Accommodations

Please complete/return this form and the “Documentation of Disability-Related Needs” on the next page at **least six (6) weeks prior to test date**, so your accommodation for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

## Applicant Information:

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Daytime Telephone	Fax	Email

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the NAWCO® Credential examination.  
Month Year

Please provide (check all that applies):

- \_\_\_\_\_ Accessible testing site
- \_\_\_\_\_ Special seating
- \_\_\_\_\_ Large print test (available for paper & pencil proctored examination only)
- \_\_\_\_\_ Circle answers in test booklet (available for paper & pencil proctored examination only)
- \_\_\_\_\_ Extended testing time (available for computer examination at a PSI testing center - max 2 hours)
- \_\_\_\_\_ Separate testing area (table only at PSI testing center)
- \_\_\_\_\_ Other special accommodations (please specify)

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application to:

National Alliance of Wound Care and Ostomy®  
PO BOX 235  
Somonauk, IL 60552  
Or fax to: 1-800-352-8339  
Or email: [admin@nawccb.org](mailto:admin@nawccb.org)



## Documentation of Disability-Related Needs

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the “Professional Documentation” portion of this form.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Applicant)

in my capacity as \_\_\_\_\_.  
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements identified on the Special Examination Accommodation Form.

Comments:

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Signed:

\_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address:

---

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Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License # (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application and request for special examination accommodations to:

National Alliance of Wound Care and Ostomy®  
PO BOX 235  
Somonauk, IL 60552  
Or fax to: 1-800-352-8339  
Or email: [admin@nawccb.org](mailto:admin@nawccb.org)







National Alliance of Wound Care  
and Ostomy®

RETURN COMPLETED APPLICATION WITH FEES TO:

National Alliance of Wound Care and Ostomy®

PO BOX 235

Somonauk, IL 60552

Or fax to: 1-800-352-8339

Or email to: [recertification@nawccb.org](mailto:recertification@nawccb.org)